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CONFIRMATION NO. 3437

SERIAL NUMBER 10/623,316	FILING OR 371(c) DATE 07/17/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. DI-5766
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**** CONTINUING DATA *******
 This appln claims benefit of 60/397,131 07/19/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/21/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 10	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 7
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ADDRESS
29200

TITLE
Systems and methods for performing peritoneal dialysis

FILING FEE RECEIVED 1824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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